File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

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Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

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2011 MAY 16 PM 3:59

COMMITTEE NAME (Must be same as on Statement of On	genization)			
CITIZENS FOR CENTRAL PLACE	,	IГ	FORM	
IMPORTANT: Indicate by # type of committee you are reporting for (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Candidate (8)County PAC (9)City PAC (10)School 11)Local Baliot issue	(2)State PAC (3)State Party	(DR-2 Rev. 12/2009) or Office Use Or	
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party (if applicable)	s	canned	
Office Sought	District (If Senate or House)	^	udited	
Late reports are subject to possible civil and criminal penalties. Pucandidate's committee, and the chairperson, for any other type of Signature of Person Filing Report	rsuant to lowa Code sections 68B.32A(committee, is the individual responsible 515.966.2595 TELEPHONE	tor tiling t	mely and accurat	e reports.
I AM FILING A May 15, 2011	DEPORT FOR (4) EL TOTOL			
(report date)	REPORT FOR (1) ELECTION / Indicate by #		ELECTION YEA	R.
CHECK IF AMENDMENT TO REPORT DATED	·			
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3.	pril 5, 2	mittees, enter Date 011 ocal Committees, ion is held	
STATEMENT OF CASH ON HAND	L <u></u>			
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi	tal of all funds held by the	\$	296.00	
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the	tal of all funds held by the	\$	296.00	
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi	tal of all funds held by the cash on hand at the end ret report filed.)		296,00 0.00	
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FOR INSTRUCTIONS, SEE BACK OF FORM

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The state of the s	1.77 - 6.5 (0.54 (0.7)	SCHEDULE	
EXPENDITURES - MONEY SPENT FROM COMMITTEE AC	COUNT	(Rev. 07/03)	MONETARY EXPENDITURES
E PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEG	ISLATIVE		

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

 □ CHECK THIS BOX IF **AMENDING FORM**

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR CENTRAL PLACE

	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	Polk County Election Office	Reports	
	CK#	120 Second Avenue, Ste A Des Moines, IA 50309		•
4/07/2011				\$ 20.00
	ID#	Yvonne Welshhons 141 Drake Street	Rent-Meeting Room	
4/28/2011	CK#	Swan, IA 50252		84.00
	ID#			
	CK#			
	ID#			
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·····	ID#			
	CK#			
-:	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	•		SUB-TOTAL	\$ 104.00
			TOTAL (if last page of this schedule)	\$ 104.00

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

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AMENDING FORM

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97)	IN-KIND CONTRIBUTIONS
CITIZENS FOR CENTRAL PLACE	D CHEC	V TUR DOV IE
	ILL CHEC	K THIS BOX IF

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DATE		RELATIONSHIP	DESCRIPTION	T COTHANTE	
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE	OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER
(MINDED) (K)	Shella Aukes	* (if applicable)	CONTRIBUTION	VALUE	CONTRIBUTION
	4330 SE 116th Street	None	Stationary/Postage	\$	
04/05/2011	Runnells, IA 50237			20.00	
	Tom Ballard				
	510 3rd Street SE	None	Food	8.99	
04/05/2011	Altoona, IA 50009			0.99	
	Mandy Zook	None	Sandana (D.)		
04/05/0011	205 2nd Street NE	None	Stationary/Postage	10.00	
04/05/2011	Mitchellville, IA 50169			15.50	
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			SUB-TOTAL	\$	
				38.99	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consangularity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of <u>1</u> (for Schedule E)

page of this

schedule)

38.99